

OFFICER PROGRAMS APPLICATION

Applicant's Name (Last, First, MI)

Rate/Rank

SSN

1. Other Names Used (i.e., maiden name) _____

2. Indicate Program(s) to which applying:

- ☐ LDO ☐ MECP (Nurse) MSC IPP (Check Program)
☐ CWO ☐ OCS ☐ HCA ☐ Direct ☐ Training
 ☐ Physician Assistant
 ☐ Radiation Health ☐ Direct (☐ Training ☐ Bachelors ☐ Masters)
 ☐ Environmental Health
 ☐ Industrial Health ☐ Direct (☐ Training ☐ Bachelors ☐ Masters)
 ☐ Entomology
 ☐ Pharmacy

3. Desired Community/Designator (Required for OCS, LDO, and CWO applicants. Optional for all other programs.)

a. _____ b. _____ c. _____

PERSONAL INFORMATION

4. Gender (Check one option)

☐ Male ☐ Female

5. Date of Birth _____

(dd/mm/yy)

6. Citizenship

a. U.S. Citizen? ☐ Yes ☐ No

b. Place of Birth _____

c. If a naturalized citizen, provide the following (attach a copy of your certificate):

(1) Naturalization number: _____

(2) Place where naturalized: _____

(3) Date of naturalization: _____

d. Citizenship Certificate? ☐ Yes ☐ No

If yes, attach a birth certificate or provide certificate number and attach verification of birth (DD 372) _____

7. Martial Status (Check one option not required for LDO/CWO/MECP)

☐ Married☐ Divorced☐ Separated☐ Single

8. Number of Dependents (Not Required for LDO/CWO/MECP/MS/IPP)

Spouse _____

No. Dependent Children _____

No. of other dependents Explain _____

9. UIC _____

10. PRD _____

(mm/yy)

11. Command Address (FPO/APO address)

Name of Command _____

Street _____

City _____ State _____

Zip Code _____

Phone/DSN _____

Fax _____

E-Mail CCC _____

CMD XO _____

CMD CO _____

12. Current Mailing Address (Home)

Street _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

E-Mail _____

13. Race: (Check any that apply) ☐ White ☐ American Indian or Alaskan Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific
 Islander ☐ Other

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MILITARY INFORMATION

14. Time in Rate _____ (dd/mm/yy)

15. Branch of Service and Component (Check appropriate block)

☐ USN ☐ USNR ☐ USNR-R ☐ USMC ☐ USNR (TAR) ☐ Other (Specify) _____

16. Warfare Qualification(s)

(1) _____ (2) _____ (3) _____ (4) _____

17. Active Duty Service Date _____ (dd/mm/yy)

18. TESTING SCORES (See specific chapters per officer program) (Not required for LDO/CWO)

TEST	SCORES	TEST	SCORES
AFQT		GRE	
VE		GMAT	
AR		P/FOFAR	
SAT/ACT		P/FOBI	
		OAR	
		AQT	

19. PRT INFORMATION Provide the following information for the last three consecutive official PRTs. (For Marine personnel applying for MECF or MSC IPP provide a copy of your PFT record.) (Not required for LDO/CWO)

Date of PRT	Final Score	Overall Score	Run/ Swim	Sit Ups	Push Ups	Height	Weight	Percent Body Fat
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						

PRT Coordinator (Print Name and Rate/Rank)

PRT Coordinator Signature and date

20. DUTY ASSIGNMENT HISTORY (List last 5 commands)

Dates (from/to)	Position (Primary Duty)	Command
PRESENT		

* attach separate sheet if more space is necessary

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EDUCATION

21. HIGH SCHOOL: (For LDO/CWO attach proof of GED if not a High School Graduate) (Not required for OCS, MECP, and MSC IPP)

a. High School Graduation Date _____ (dd/mm/yy)

b. High School(s) Attended (Name & location):

(1) _____

(2) _____

(3) _____

c. GED Date _____ (dd/mm/yy)

22. COLLEGE: (Attach one certified copy of all college transcript(s))

a. Associate's Degree _____ Date of Degree _____

b. Bachelor's Degree _____ Major _____ Date of Degree _____

c. Number of college credits if Bachelor's Degree is not complete _____

d. Anticipated date of graduation if Bachelor's Degree is not complete _____

e. Graduate Degree _____ Major _____ Date of Degree _____

23. Degree Preference (Not required for OCS, MECP, and LDO/CWO.)

a. Desired Course of Study (Major) _____

b. University Preference(s):

(1) _____

(3) _____

(2) _____

(4) _____

PERSONAL HISTORY

24. Personal Awards (Attach one copy of each award citation)

AWARD	COMMAND (Short Title)	Date Awarded

* attach separate sheet if more space is necessary

25. Service Schools (SMART Transcript is not required for LDO/CWO.)

Name and Location of School Attended	Date of School	Class Standing (if applicable)

* attach separate sheet if more space is necessary

26. Correspondence Courses (Exclude rate required courses.)

Correspondence Course Title	Date Completed

* attach separate sheet if more space is necessary

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27. Extracurricular Activities

1.
2.
3.
4.
5.

28. Special Abilities: (List all foreign language skills; flying experience, including airframe and hours; computer skills, etc.)

1.
2.
3.

29. Civil/Military Offense(s) (List all incidents except minor offenses that impose a fine of \$300.00 or less, exclusive of court charges) Have you ever been cited, arrested, convicted, or fined for any violation of any law or ordinance? ☐ Yes ☐ No. If yes, give complete description of incident(s). State where and when each incident occurred, the nature of offense(s), and the date and disposition of case(s). (Include NJPs and Courts Martial). **NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.**

Offense(s)	Place of Offense(s)	Disposition of Offense(s)	Date of Disposition(s)

* attach separate sheet if more space is necessary.

30. Drug Use/Alcohol Related Incidents **NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.**

Drug/Alcohol Used	Amount Taken	Frequency of Use	Date Last Used

* attach separate sheet if more space is necessary

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31. Previous applications/attendance to any commissioning programs

Program	Sponsor Service	Date	Results (Selected but declined position or non-selection)

* attach separate sheet if more space is necessary

PERSONNEL SECURITY INFORMATION. Required for applicants for OCS, MECP, and MSC IPP ONLY. This section MUST be completed by the Command Security Manager. Applications will be returned if this section is not completed. NOTE: If you possess a current background investigation, the Electronic Personal Security Questionnaire (EPSQ) is NOT required. See Chapters 4, 5, and 6 for further guidance.

32. Type of background investigation. ☐ ENTNAC ☐ NAC ☐ OTHER

33. Investigating Agency e.g., DOD, FBI, State Department

Date of Investigation

34. Command Security Manager verification of current ENTNAC or NAC.

Security Manager Name and Rank (Print)

Work Phone

Security Manager Signature and Date

DSN

35. Initial one of the following two blocks: I certify that I ____ am/ ____ am not under BUPERS permanent change of station (PCS) orders. If I am, I further certify that my command has advised BUPERS by message to hold my orders in abeyance, and that I will not transfer prior to final disposition of my application. (For OCS applicants only.)

PRIVACY ACT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; Title 10 United States Code, Section 532, and 2122, 12209, 12241 which prescribes qualifications for appointment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U.S. Navy or branches of the services not withstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN). Deliberate concealment or false representations may result in disenrollment, and the Uniform Code of Military Justice (UCMJ) Article 83 authorizes a fine and/or imprisonment for fraudulent appointment.

PRINCIPAL PURPOSES: To determine the applicant's eligibility for appointment into the United States Navy. The information provided is **FOR OFFICIAL USE ONLY** and may become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify, and locate existing records.

ROUTINE USES: To obtain background information from the application to determine applicant's qualifications for commission and programs leading to commission. If prosecuted by the Federal Government for fraudulent appointment, the collected information may be released to the Department of Justice.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security Number may result in denial of appointment into the United States Navy. If after you are appointed, it is found that you concealed a record, you may be discharged from the U.S. Navy as a fraudulent appointment and may be subject to a fine and/or imprisonment.

I certify that the above information is correct. (Please note, duplicate applications require original signature.)

Applicant's Signature _____ Date _____

SSN

- Reason for applying for a commission
- Personal and professional goals
- Strengths/personal characteristics you possess which will contribute to success in the program(s) to which you are applying. Address any other relevant information or substantial accomplishments not already covered.

2. Discuss what the Navy's Core Values (Honor, Courage, Commitment) mean to you and how you think they will apply to you as an officer in the U.S. Navy.

Applicant's Name (Last, First, MI)

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SSN

PERSONAL STATEMENTS (Cont.)

3. Address any waiver requests, for example age, education, Time in Service, Time in Grade, requirements, etc. (If applicable)

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Applicant's Name (Last, First, MI)

Rate/Rank

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COMMANDING OFFICER'S RECOMMENDATION

Commanding Officer Name

Command

Street Address

City

State

Zip

Work Phone

DSN

FAX

Please evaluate the candidate in the following areas:

TRAITS	OUTSTANDING	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical/Rating Knowledge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the candidate meet all physical requirements? ☐ Yes ☐ NoIs the candidate world wide assignable? ☐ Yes ☐ No

Is the candidate under BUPERS PCS orders? ☐ Yes ☐ No. If yes, I certify that my command has advised BUPERS by message to hold orders in abeyance, and that I will not transfer the member prior to final disposition of application.

Member ranked ____ out of ____ current applicants for the same program from my command.

Remarks. Please provide in the space on the next page your personal recommendation and certification that the applicant meets eligibility requirements for the programs for which he/she is applying. Also provide amplifying information which would help a board in making a selection determination. Address and make recommendation if applicant requests a waiver of any program eligibility requirement. (For LDO/CWO applicants only: Address qualifications for each designator listed in application. No "By direction" signatures will be accepted.)

COMMANDING OFFICERS RECOMMENDATION

(For OCS candidate(s), include date available for transfer. I further certify that the member is not under orders, or if under orders that I have complied with direction not to transfer member until final disposition of applicant package.) By your signature you are certifying that this candidate meets program eligibility requirements and that any waiver request(s) has been addressed. **Please note duplicate applications require original signature.**

Signature _____
OPNAV 1420/1 (Rev. 07-02)

Date _____
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FOR OFFICIAL USE ONLY (When filled in)

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Rate/Rank _____

SSN _____

REQUEST FOR HIGH SCHOOL TRANSCRIPT

PRINT NAME IN FULL (Last, First, Middle) _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

GRADUATION YEAR _____

NUMBER OF TRANSCRIPTS REQUESTED _____

Send transcript to: (Address) _____

Check or Money Order enclosed \$ _____

I authorize release of my high school transcript.

SIGNATURE _____

DATE _____

(TO BE COMPLETED BY SCHOOL OFFICIAL!)

Instructions: The student named above is applying for an officer program in the U.S. Navy. Please complete, as accurately as possible, this part of the form. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record.

1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB'S, ACT'S, and other national examinations.

2. Important! Please submit this information immediately.

3. Return completed form and transcript signed or stamped by a high school official to the activity indicated above. (Also, include a profile of the graduating class, if possible.)

Candidates Cumulative GPA: _____ GPA Scale: _____ Rank in Class: _____

Percentage of Graduating Class expected to enter: 4 YR College _____

2 YR College _____

School ETS Code: _____

Did this student take any:

Honor Courses		Accelerated Courses		Advance Placement Courses		Not Available	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are all Honor, accelerated, and advance placement courses given extra credit in computing:
Ranking in Class ☐ Yes ☐ No

Grade Averages ☐ Yes ☐ No

Is applicant from a minority group or disadvantaged background: ☐ Yes ☐ No.

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HIGH SCHOOL TRANSCRIPT CONTINUESIf yes, which: ☐ Minority☐ Disadvantaged (specify in comment area)

Official Name of School _____

Street Address _____

City _____ State & Zip _____ School Telephone _____

Ranking Period (Month & Year): _____

Indicate how grade point average and rank were determined if profile not available.

If rank is not available, please check placement percentile below:

Top ☐ 5% ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ Lower 50%

Comments: (Additional information, which may be significant in considering the applicant.)

Date

Title

Signature

Print Name

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REQUEST FOR COLLEGE TRANSCRIPT

To be completed by applicant

Name of University/College

Street Address

City

State

Zip Code

Name on transcript

Dates attended

Year of graduation

Degree: (college only)

Number of transcripts requested

Check or money order enclosed \$

Send transcript to:

Signature:

Date:

SEND THIS FORM ALONG WITH APPROPRIATE MONEY ORDER OR CHECK TO THE UNIVERSITY OR COLLEGE.

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FINANCIAL STATEMENT FOR OCS

****** If yes to questions 1 through 6, please ensure you provide the **MONTH, YEAR, TYPE OF ACTION, AMOUNT, NAME ACTION OCCURRED UNDER, NAME AND ADDRESS OF COURT OR AGENCY HANDLING CASE, STATE, ZIP CODE.**

1. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code? ☐ Yes ☐ No

2. In the last 7 years, have your wages been garnished? ☐ Yes ☐ No

3. In the last 7 years, has any of your property been repossessed? ☐ Yes ☐ No

4. In the last 7 years, has a lien been placed against your property for failing to pay taxes or other debts? ☐ Yes ☐ No

5. In the last 7 years, have all judgments against you been paid in full?
☐ Yes ☐ No. If no, indicate payment plan and last projected payment.

6. In the last 7 years, have you been over 180 days delinquent on any debt(s)?
☐ Yes ☐ No

Are you currently over 90 days delinquent on any debt(s)? ☐ Yes ☐ No

If yes to either provide: Date debt incurred (mm/yy), date satisfied (mm/yy), amount, type of loan or obligation and account number, name and address of creditor or obligee, include state and zip.

(See information on next page before completing) **TYPE OR PRINT LEGIBLY**

INFORMATION FOR COMPLETING INTERVIEWER'S APPRISAL SHEET

1. The purpose of the interview is to evaluate accurately and impartially the characteristics of the candidate to determine potential as a commissioned officer and motivation toward service in the Navy.
2. The interview should take a minimum of 15 minutes. A period of 15-30 minutes is usually adequate, although more time may be necessary on occasion.
3. Discussion topics should draw out the applicant. Suggested topics include: Navy programs, service life, school experience, personal interest, goals in life, current events, sports, family attitude toward application, and any others suggested by a review of the application file.
4. Marking is difficult. Your judgments forms an important part of each applicant's file, and usually represent the only personal contact with the applicant reported by an official of the Navy. Be fair and impartial, neither too easy nor too hard on the applicant. Mark only on what you have observed personally, not on the opinions or comments of others.
5. No marks should be put on this form until the interview has been completed.
6. If it appears that the space for comments will not be sufficient, phrases may be used rather than complete sentences.
7. Below is a checklist of characteristics which interviewing officer can observe of adjectives which can be used to describe these characteristics in applicants. This is meant only to assist the interviewer in preparing for the interview and in making a written evaluation after the interview. It is not intended to be all-inclusive.

Characteristics/Descriptive Adjectives:

BEARING

Good posture
Slouch
Forceful
Apathetic
Casual
Formal

GROOMING

Careless
Neat
Clean
Unclean
Well-dressed
Inappropriately dressed

COMPOSURE

Poised
Awkward
Relaxed
Nervous
Confident
Insecure

ATTITUDE

Sincere
Flippant
Enthusiastic
Indifferent
Cooperative
Uncooperative
Contentious
Pleasant
Forthright
Secretive
Arrogant
Modest

ORAL EXPRESSION

Articulate
Inarticulate
Responsive
Unresponsive
Taciturn
Loquacious

GENERAL IMPRESSION

Impressive
Unimpressive
Dull
Interesting
Mature
Immature

VOICE QUALITY

Strident
Soft spoken
Speaks clearly
Inaudible